

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588131

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						
163						
164						
165						
166						
167						
168						
169						
170			/			
171				/		
172				/		
173				/		
174				/		
175				/		
176				/		
177				/		
178				/		
179				/		
180				/		
181				/		
182				/		
183				/		
184				/		
185				/		
186				/		
187				/		
188				/		
189				/		
190				/		
191				/		
192				/		
193				/		
194				/		
195				/		
196				/		
197			/			
198				/		
199						
200						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		27	←		←
TOTAL CLAIMS			29			